



PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

TION FEE FEE EXTRA S HARGEA DENT CL DEPEN fference	STAGE FEES SPEC. PGS. BLE CLAIMS AIMS DENT CLAIM PR in column 1 is	/2m / r ESENT less than zero	mn 1) T. = \$ 150 Article 33(1)-0 / \$ 100 \$ 50 / \$ 100 ountries = \$ 400 nus 100 = inus 20 = minus 3 = o, enter *0) - PART	LAR All c	(Column 2) GE ENT. = \$ 300 other situations = \$ 100 / \$ 200 ther situations = \$ 250 / \$ 500 / 50 =	B. E2	RATE ASIC FEE XAM. FEE EARCH FEE X \$ 125 = X \$ 25 = X \$ 100 = + \$ 180 =	FEE	OR OR OR OR	RATE	
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FORM PTO-875 (Rev. 02/2005)